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read, and he left no such permanent impression on the mind or the events of his time as to have extorted a place in all memories. We imagine that even "Caleb Williams," the most powerful of his works, is known at this day rather by its dramatization by Colman the younger, as "The Iron Chest," than by its own intrinsic merits. It still keeps the stage, and Sir Edward Mortimer, first brought on the scene by the elder Kean, and kept there by Macready and Booth and later tragedians, is commonly known to the general public as owing his being and his inspiration to the genius of Godwin. The other circumstance which will always keep an interest in Godwin alive is of course the everlasting identification of his name with the romance and the tragedy of the life and the death of Shelley. Though Mary Shelley might not have claimed

"The shelter from her sire of an immortal name,"

had she not shared in the immortality of her husband, we are inclined to believe that the immortality of Godwin's name will endure chiefly under the shelter of his daughter's, forever illuminated by the reflected glory of the fame of Shelley. Be that as it may, we are much indebted to Mr. Paul for thus reviving the memory of a man well meriting memory in a work which deserves the place in English literature which we are sure it will receive.

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13. — *Hospital Plans. Five Essays relating to the Construction, Organization, and Management of Hospitals, contributed by their Authors for the Use of the Johns Hopkins Hospital of Baltimore.* Large 8vo. pp. 352. New York. 1875.

THE circumstances which called forth the essays upon hospital construction contained in this volume are probably not unknown to our readers. The late Johns Hopkins, a rich citizen of Baltimore, bequeathed to trustees in 1873 a fund amounting now to over three millions of dollars, intended mainly for the construction of a hospital for the relief of the indigent sick of the city of Baltimore, without distinction of age, sex, or color. In a most admirable letter to the trustees, which prefaces the present volume, the donor set forth his intentions. Of this letter, Dr. Folsom, one of the contributors to the collection of essays, says:—

"It evidences not only benevolence, but wisdom. It shows not only solicitude for the welfare of the poor and suffering, but a keen appreciation of their necessities, and discriminating skill in planning their relief. It is

marked by *liberality* of views in the highest sense; yet its provisions are so pertinent as to seem almost to imply actual experience in administration of a hospital. If any incentive to earnest effort, further than they already had, were needed by those chosen to aid the committee with their counsel, it would be found in this truly admirable instrument."

We are glad to meet with, and to reproduce, this warm recognition of the high-minded charitableness of Johns Hopkins; his letters of instructions, evincing such thoughtful and painstaking solicitude for the sufferings of the destitute, is a noble monument of his truly generous and wise munificence, — a monument as noble, perhaps, if thoughtfully considered, as the edifice itself which, before long, will perpetuate the memory of its founder. For, be it borne in mind, of all human enterprises, not the least difficult of successful accomplishment is *charity*. Merely to give away money is comparatively easy, especially when, on a death-bed, the grasp on the accumulated wealth of a lifetime is relaxing. But with money, perhaps a useless superfluity to its owner, to give freely the time, the thought, the care, without which pecuniary charity is often productive of more harm than good, there we have a sacrifice which observation shows to be rare.

Besides the sum of money named above, Johns Hopkins bequeathed thirteen acres of land, favorably situated, in the city of Baltimore. His instructions to the trustees provided for the erection of a hospital capable of receiving four hundred patients, with training school for nurses attached, and also for the construction, upon other ground, of an Orphan Home for three or four hundred children. Moreover, it was the wish of the donor that the hospital should ultimately form a part of the Medical School of a University, for which he had made ample provision in his will.

The first care of the trustees was to invite five distinguished physicians who had made hospitals their special study to contribute essays upon hospital construction, a letter of instructions defining the conditions and limitations of the undertaking being sent to each. The gentlemen so consulted were John S. Billings, of Washington; Norton Folsom, of Boston; Joseph Jones, of New Orleans; Caspar Morris, of Philadelphia; and Stephen Smith, of New York. The essays contributed by them, with accompanying plans, diagrams, etc., and some additional papers and plans furnished by John R. Niernsee, architect to the trustees, compose the present volume.

Great advances have been made of late years in the art of constructing hospitals, and we in America may fairly claim to have led the way in the improvements which have been effected. The capitals

of Europe have long been provided with great and costly hospitals, built, for the most part, many years ago, ill adapted to their purposes, but yet, apparently, too valuable to be sacrificed for more modern and less defective structures. Not only the buildings themselves, but the superannuated traditions attaching to them, have stood in the way of desirable innovations, and have perpetuated the routine treatment, with which the exigencies of medical charity have often been met. In America, on the other hand, a clear field was afforded for the exercise of the practical ingenuity which distinguishes our people; and when the War of Secession created a call for hospitals on a scale that had never before been recognized as necessary, the result was the acquisition of a practical experience of new and improved modes of hospital construction which now yields its ripest fruits in the exceedingly valuable contribution to sanitary science now before us. Our success in this direction has been widely recognized, and American hospitals are now cited everywhere as models, showing the nearest approach yet made towards realizing the requirements of a perfect institution.

In Europe, in consequence of the defective character of the generality of hospitals, the insanitary conditions, to which the term *hospitalism* is applied, have become endemic; to counteract these noxious influences, a variety of *antiseptic* methods of treatment have been devised, and used with varying success. In America, on the other hand, we have coped with the difficulty in another way, as was noticed by Mr. Erichsen, the distinguished English surgeon, during his visit to this country in 1874. Mr. Erichsen pays such a high tribute to American hospitals, and, at the same time, so plainly sets forth the objects to be sought in the construction and the management of such institutions, that we are tempted to reproduce what he said on this subject on his return to England.

“Antiseptics,” he said, “do not appear to be much, if at all, employed, at least in a methodical form. . . . Indeed, antiseptics are not so much needed in the American hospitals as in ours. The object of antiseptics is to prevent the contamination of a wound by septic influences from without. These sources of contamination do not exist, in such hospitals as those that I have been describing, to the same extent that they do in less perfectly constructed and less hygienically conducted establishments, and hence antiseptics are proportionately less needed. In America, it is attempted to accomplish by improved construction of hospitals, and by close attention to hygienic requirements, those great results which we are here driven to attain by ‘antiseptic’ methods of treatment. . . . If the constructors and conductors of hospitals were acquainted with or would adopt these hygienic rules on which hospitals should be built and managed, if hospitals were not overcrowded, if the sys-

tem of ventilation were perfect, if there was a continuous water-supply, a proper isolation of wards and distribution of patients, the causes of septic diseases would not be generated. Those foul and filth-begotten diseases, pyæmia and hospital gangrene, would disappear, and antiseptics, in the absence of septic influences, would become unnecessary."

The hospital plans here gathered together exemplify all the improvements and innovations which experience has approved or theory has suggested, and in them we find fully represented the present state of our knowledge, as regards the principles on which hospitals should be constructed and managed. The diversity of opinion, however, which prevails among the contributors concerning some of the most important questions, such as the superposition of wards, ventilation, etc., shows that further experience and investigation are likely to be needed before conclusions can be definitively arrived at on these points.

A hospital is a microcosm, so complex and multifarious in its organization, that the mere enumeration of its component parts and apparatus would exceed the space at our command. To analyze and compare the five sets of plans here assembled is therefore impossible within the necessary limits of this notice. On one only, of the many topics which arise for discussion, we will venture to offer a few remarks. We refer to the organization of the medical school, of which the hospital is to form a part.

We cannot but consider it eminently desirable that every effort should be made to improve the valuable opportunity now afforded for raising the standard of medical education in this country. The indications presented thus far appear full of promise. Johns Hopkins himself pointed the way when he expressed his "wish and purpose that the institution shall ultimately form a part of the Medical School of the University" founded by him, and the trustees have called upon the contributors of plans to consider the adaptation of the hospital to purposes of clinical instruction. In this connection the suggestions of Dr. Billings, on the "Relations of the Medical School to the Hospital, and on the Organization and General Plan of Management," appear to be deserving of serious consideration.

"If," he says, "the course of medical education proposed is to be that usually given in this country, and to the class of students which form the majority of those now attending our medical colleges, it will be extremely difficult, if not impossible, to devise a hospital which shall equally subserve the best interests of the patients and the convenience and wishes of the students and professors.

"I am decidedly of the opinion, however, that we have at present in the

United States not only enough, but too many of the ordinary sort of medical colleges, and that the opportunity which is now presented of forming an institution for medical instruction which, being entirely independent of students, can, therefore, afford to consult their welfare instead of their wishes, is one of which an attempt should be made to take the fullest advantage, and such, I have reason to believe, is the intention of the trustees.

"It seems to me that this school should aim to produce quality, and not quantity; and that the seal of its diploma should be a guaranty that its possessor is not only a well-educated physician, in the fullest sense of the word, but that he has learned to undertake, without danger of failure from not knowing how to begin, the study of some of the many problems still awaiting solution.

"It is not desirable that the classes should be large. In fact, as the results of such a school become manifest, and the value of its diploma is understood, they may become too large for convenience in practical clinical instruction. A class of half a dozen such as I would wish the graduates of this school to be, would be a more satisfactory result for a year's labor than as many hundred turned out on the ordinary pattern.

"The means of attaining this end are sufficiently well known: a high standard for admission; a four years' course; rigid and impartial examinations, preliminary, intermediate, and final; and practical work in the laboratory and apothecary's department, the microscope and photograph rooms, and the dispensary and wards of the hospital.

"If this be the sort of medical school intended, there are no difficulties in connecting the hospital with it."

When we consider the present low condition of medical education, as carried on in the generality of our institutions of learning, we can appreciate the high value of such an organization as is suggested by Dr. Billings. Prof. H. C. Wood, Jr., of Philadelphia, in a recent paper on Medical Education (*Lippincott's Magazine*, December, 1875), to which we must refer our readers, and which contains a most convincing and humiliating exposition of our shortcomings, says that

"There are now in the United States over a hundred medical colleges, whilst the natural demand would call for not more than a dozen. . . . The schools vie with one another in shortening the period of study, so that at present a course of nine consecutive months will, in some of our Western cities, convert the veriest boor almost without experience into a regular physician. A mock examination closes the farce, after which the tragedy begins."

In the Harvard Medical School, Prof. Wood recognizes a praiseworthy exception:—

"Its medical diploma," he says, "is the *only one* issued by any prominent American medical college which is a guaranty that its possessor has been well educated in the science and practice of medicine."

As a consequence of the facility with which medical degrees are obtained in this country, there were, in 1874, besides all the quacks undisguised by any diploma, nearly five times as many duly qualified medical graduates in the United States as in the German Empire, the populations of the two countries being about equal.

In conclusion of this too short and inadequate notice, we would state that this very valuable treatise upon hospital construction, the earliest outcome of the enlightened liberality of Johns Hopkins, is exceedingly creditable to its authors, and augurs most favorably for the future execution of the important duties assigned to the trustees.

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14. — *History of the Army of the Cumberland; Its Organization, Campaigns, and Battles.* Written at the request of Major-General George H. Thomas, chiefly from his private Military Journal and Official and other Documents furnished by him. By THOMAS B. VAN HORNE, U. S. A. Illustrated with Campaign and Battle Maps, compiled by EDWARD RUGER, late Superintendent Topographical Engineer's Office, Headquarters Department of the Cumberland. Two Volumes and Atlas, pp. xiv, 454, 478; and 22 Maps. Cincinnati: Robert Clarke & Co. 1875.

WHOEVER writes a new history of any portion of the recent War of the Rebellion must be prepared to plead, in justification, either that he narrates facts never before published, or that he brings to his task qualifications superior to any hitherto displayed in the same undertaking. The day of readers eager for any kind of narrative on this topic has long since passed; and any one now seeking audience of the public must submit to be challenged as to his capability, as well as to his knowledge of facts. Chaplain Van Horne had, in the preparation of his History, peculiar advantages. The work was undertaken at the special request of that one of the commanders of the army who had been identified with it from the beginning; who furnished the author with copies of all the documents in his possession, and with his own private military journal; whose name is a synonyme for fidelity, honor, and integrity; and who gave, as his only injunction, "Write nothing but the truth." If Mr. Van Horne has fulfilled that injunction to the letter, it is equally sure that he has failed to tell the whole truth; for what he has omitted to tell is, in many instances, of nearly equal importance with what he has told. General Thomas was not always a good judge of human nature; and his choice of men to perform any special work did not always prove the best.